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THU0604 UNDIAGNOSED RHEUMATIC DISEASE IN NEWLY PRESENTING MGUS PATIENT

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Background: Monoclonal gammopathy of undetermined significance (MGUS) is considered to be a premalignant condition with on average of 1% annual risk of progression to multiple myeloma or other lymphoproliferative disorders [1]. Numerous studies have highlighted a common feature of autoimmune inflammatory diseases is non-specific hypergammaglobulinaemia which can be associated with monoclonal gammopathy [2, 3]. We looked at a population of 3.6 million where patients with MGUS was referred to haematology network for evaluation.

Objectives: Our hypothesis was that undiagnosed rheumatic diseases were being referred to haematology rather than rheumatology erroneously.

Methods: The Haematological Malignancy Research Network (HMRN) ethics approval (REC 04/01/1205/69) from Leeds West Research Ethics Committee. The HMRN that comprises a population-based cohort of patients newly diagnosed by a single integrated haemato-pathology laboratory in two adjacent UK Cancer Networks (population 3.6 million). The database includes prognostic factors, sequential treatment/response history and socio-demographic details which are recorded to clinical trial standards. 255 patients were screened in this study. We looked at a range of autoimmune/innate immune conditions diagnosed after MGUS.

Results: In the 255 patients cohort group, the average age at the diagnosis of MGUS was 70.23 ± 11.95 years (median 70.2 years), with more subjects being male (n=145, 56.9%). Mean duration of follow up was 2570 days. 10 out of the 255 patients progressed onto multiple myeloma.

Diagnosed rheumatic disease was found in 48 patients (18.8%). None of the patient in this group has disease progression to multiple myeloma. In this group, 37 patients (14.5%) presented the rheumatic disease before their MGUS diagnosis and 11 (4.3%) were diagnosed after their MGUS referral. Interestingly, among the 11, more males (n=8, 72.7%) have their rheumatic disease diagnosed after MGUS.

Those 11 cases included crohn's disease (1), polymyalgia rheumatica (2), immune thrombocytopenia (2), autoimmune hepatitis (2), Schnitzler's syndrome (1), giant cell arteritis (1), rheumatoid arthritis (2).

Conclusion: Approaching 1 in 20 cases of MGUS have an underlying inflammatory disease that may often be non-specifically driving antibody production including monoclonal band formation. When diagnosing MGUS, clinicians should be aware of the potential underlying autoimmune rheumatic conditions.

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THU0605 AN ATYPICAL CASE OF PONCET DISEASE

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Background: Poncet disease (PD) is defined as an inflammatory rheumatism associated with visceral tuberculosis without direct bacteriological involvement of the joints [1]. It is classified as a parainfectious rather than a reactive arthritis [2].

Objectives: Here by a first case of PD who presented with sterile arthritis and tuberculous spondylodiscitis.

Methods: We report a case of a 40-year-old women who presented with polyarthritis in 2014. On physical examination, she had synovitis in both wrists, the metacarpophalangeal joints and the fifth proximal interphalangeal joint of the right hand. Her serum was negative for Rheumatoid Factor (RF) and anti-cyclic citrullinated peptide (anti-CCP) antibody. Her C-reactive protein (CRP) was 24,5mg/l. Ultrasound revealed tenosynovitis of the superficial and deep flexor tendons on both hands with Doppler signal. The Magnetic resonance imaging (MRI) of the hands showed active synovitis in the wrists mainly in the distal radioulnar joint, erosions in the ulnar styloid as well as edematous infiltration of the soft tissue of the hands. Since she fulfilled the new ACR/EULAR 2010 criteria for RA, a diagnosis of rheumatoid arthritis (RA) was made and the patient was put on Methotrexate (MTX) 15mg/week/po in January 2015. Eight months later, the patient developed high temperature 38°C and lumbar stiffness. A chest CT performed as part of the etiologic investigation didn't show pulmonary manifestations but revealed a lytic vertebrae lesion. Lumbar spine MRI showed prevertebral edema and soft tissue enhancement with abnormal marrow signal in L2 and L3 which was concerning for infectious etiology. MTX was stopped. A CT-guided core needle biopsy concluded to a tuberculous spondylodiscitis. The patient was initiated on an antituberculous-therapy (ATT) for 15 months. The course was marked by the recurrence of low back pain. MRI of the spine was then performed and revealed persistence of spondylodiscitis and multiple abscesses at the levels of L2-L3. The ATT was resumed.

Results: The patient received four drugs for 4 months, followed by isoniazid and rifampicin for 1 year. At follow up, the patient responded well to treatment with complete resolution of symptoms without sequelae. She did not present neither polyarthritis nor synovitis. Moreover, she sustained a negative CRP (2mg/dl). Ultrasound control of the wrists did not show synovitis or tenosynovitis Doppler signal. Similarly, a disappearance of effusion as well as synovitis was noted on the MRI at follow up.

Conclusion: We report a unique case of Poncet disease with tubercular spondylodiscitis. It is important to recognize PD in a patient presenting with polyarthritis in order to avoid unnecessary long-term disease-modifying antirheumatic treatment. Future research is indicated to understand the etiopathogenesis of Poncet's disease and to educate clinicians as to the importance of maintaining a high index of suspicion about this rare, yet potentially easily treatable disease.

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THU0606 RHEUMATOID ARTHRITIS INDUCED BY ALPHA-INTERFERON THERAPY: A RARE CASE PRESENTATION

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Background: Interferon-α (IFN-α) is known for its antiviral and antiproliferative effects, used mainly for the treatment of chronic hepatitis C infection [1]. Immunomodulatory effects have been reported in patients treated with IFN-α, including hematological, immunological, rheumatological and dermatological disorders [2]. In fact, IFN-α may lead to the induction or exacerbation of autoimmune diseases such as psoriasis, systemic lupus erythematosus, and rarely rheumatoid arthritis (RA).

Objectives: We report the case of a Caucasian who developed anticyclic citrullinated peptide antibody (anti-CCP)-positive RA following treatment of chronic hepatitis C infection with pegylated IFN-α2a.

Methods: A 57-year-old women was diagnosed of chronic hepatitis C infection after detection of abnormal liver function. She has a genotype 1b with a high viral load: RNA was 100,000 UI/ml. Liver histology showed advanced fibrosis and portal fibrosis (A3 F4 according to metavir score). A history of blood transfusion was found. The patient was placed on a 24-week course of PEGylated -IFN-α2a 180 µg weekly and a 1000 mg daily dose of ribavirin. After